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Determinants of Health of **Migrant Farm Workers** in Canada

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Despite wide indications that migrant farm workers (MFWs) comprise a particularly vulnerable subset of the temporary foreign worker population, relatively little attention has been paid to their health issues. This article describes major health concerns among MFWs in Canada, reviews the social determinants of health of particular importance to this population, and notes research and policy implications. Findings are drawn primarily from two recent literature reviews conducted for the Public Health Agency of Canada.^{1,2}

Over the past decade in Canada, there has been a marked rise in the use of temporary foreign workers (TFWs), including groups such as live-in caregivers, workers for projects in the Alberta oil sands, and seasonal agricultural workers or MFWs. From 1998 to 2008, the number of TFWs entering Canada increased from 100,436 to 192,519 (an increase of 91.4%) before dropping to 178,478 in 2009.³

Although MFWs constitute only 13.7% of all TFWs who entered Canada in 2009,⁴ they are an important population to assess. As the longest standing group of circular migrants (those who return year after year but never immigrate) in the country, their experiences may shed light on potential issues facing other TFWs. At the same time, issues such as the desire for cheap food and robust local food systems, global competitiveness and seasonality have resulted in agriculture being viewed as a unique industry. Due in part to these considerations, MFWs have long received fewer health and safety protections and labour and union rights than have been standard for workers in other sectors; they have been recognized as a particularly precarious labour force.⁵

Managed Migration Programs

The Seasonal Agricultural Workers Program (SAWP) is the principal scheme through which MFWs are employed in Canada. In place since 1966, the SAWP is a managed migration program that employs workers from Mexico and the Caribbean throughout Canada for contracts of up to eight months each year, after which they must return to their countries of origin.

The SAWP now offers approximately 28,000 positions a year, with workers present in all provinces except Newfoundland and Labrador (see Table 1). Farm workers from other countries, such as Thailand and the Philippines, have also been employed through the *Pilot Project for Occupations Requiring Lower Levels of Formal Training*, which allows for work visas of up to 24 months from applicants in any country. (For additional information, please visit: http://www.rhdcc-hrsdc.gc.ca/eng/workplaceskills/foreign_workers/sawp.shtml.)

A private, bilateral agreement between an employer group and the International Organization for Migration brought 3,313 MFWs from Guatemala in 2008,

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Table 1 Number of Temporary Foreign Worker Positions Under the Seasonal Agricultural Worker Program, by Province of Employment*

Province	2006	2007	2008	2009
Prince Edward Island	81	131	118	145
Nova Scotia	322	407	622	805
New Brunswick	17	25	19	28
Québec	3,171	3,595	3,758	3,754
Ontario	18,097	18,744	18,552	17,989
Manitoba	311	299	343	362
Saskatchewan	42	84	101	124
Alberta	527	684	950	1,010
British Columbia	1,484	2,614	3,768	3,437
Canada—Total**	24,050	26,622	28,231	27,654

*Excludes Newfoundland and Labrador where the SAWP does not operate.

**Components may not sum up to the totals indicated for methodological reasons. See Source.

Source: Human Resources and Skills Development Canada, Temporary Foreign Worker Program, 2010.⁶

nearly 80% of whom worked in Québec. Guatemalan workers, many of whom are Mayan and speak indigenous languages, may face particular concerns including multiple layers of discrimination and additional language barriers.⁷

Employers determine the country of origin and gender composition of their work forces. MFWs generally come from racialized groups, are young or middle-aged men, and have low education levels and socioeconomic status. Pre-departure medical screening contributes to generally good health status upon arrival of most of these workers. However, an unspecified number of MFWs are employed without legal authorization; as a result, this population may face particularly precarious circumstances.^{8,9}

SDOH and Migrant Farm Workers

Substantial evidence from the United States^{10,11,12} and a small but increasing body of research in Canada^{13,14,15} demonstrates that MFWs are significantly vulnerable to a number of health concerns. Issues relating to occupational and environmental health, sexual and reproductive health, and mental health, as well as chronic and infectious diseases, have been identified as particular areas of concern. A number of issues relating to the social determinants of health (SDOH) may contribute to poor health outcomes. Some of the primary SDOH facing MFWs are summarized below.

Employment and working conditions

MFWs typically work in conditions of high demand and low control. Farm workers are susceptible to a number of occupational health concerns arising from exposure to risks such as agrochemicals, machines, soil, plants, climatic extremes, and awkward and repetitive ergonomic positions. Despite stipulations in the SAWP contract regarding the provision of training and protective clothing for workers handling pesticides, occupational health and safety protections are inconsistent and often insufficient. Moreover, workers' ability to access protections and assert rights is undermined by the precarious nature of their temporary contracts. In particular, MFWs generally lack the ability to change employers freely. The resultant fear of loss of employment or deportation is a significant contributor to health vulnerabilities. When MFWs become too sick or injured to continue working, they are typically repatriated to their countries of origin, where they often lack domestic health insurance. (In some cases injured workers may be eligible for workers' compensation benefits, but there are multiple barriers for workers to access these benefits, which are limited.) These factors constitute considerable barriers to migrants feeling empowered to request improved workplace conditions or interventions, to report injuries and illnesses, and to otherwise address concerns.

Income/social status

MFWs often live in poverty. Their incomes, which are normally at or just above minimum wage, are reduced by a

number of factors such as seasonal employment with fluctuating hours, exclusion from vacation and overtime pay and regular employment insurance benefits, and numerous deductions from their wages. Low-income levels can affect several aspects of migrants' health, including their ability to access safe transportation and sufficient nutritious food. Poor diet is a recognized concern among MFWs, as are injuries sustained while using unsafe transportation methods, such as poorly equipped bicycles.

Social support and connectedness

Social support and connectedness are particularly important for mitigating the various stresses experienced by MFWs, and for sustaining mental, emotional and physical health. Migrant workers' social support and community connectedness in Canada are undermined by their isolation and lack of services in rural areas; language and cultural barriers to interacting with Canadian communities; dislocation from families and traditional support networks; and the restrictive nature of their working and living conditions which do not promote, or sometimes even permit, community integration. Such circumstances may contribute to mental health problems, such as depression and anxiety, as well as to addiction to drugs or alcohol.

Environment and housing

Minimal and inconsistent housing guidelines and inspections lead to highly variable conditions of migrant dwellings.* MFWs often reside in overcrowded accommodations, with resulting health impacts, varying from poor sleep habits to susceptibility to infectious disease. Generally these workers do not feel empowered to complain about poor conditions. They are often unaware of their rights, and their landlord is typically their employer, who influences whether or not they remain in and/or return to Canada.

Access to health care and health literacy

Although legally employed MFWs have the right to health care in Canada, many find it difficult to gain access in practice. Principal barriers include: a lack of independent, safe transportation; long work hours; workers' unwillingness to leave work (or even inform employers) when sick or injured for fear of losing employment; the repatriation of sick or

injured workers; and delays in receiving health cards or coverage, for which employers are responsible for applying. If MFWs are able to access health care services, there are additional challenges relating to health literacy. These include: language barriers and cross-cultural differences in care provision; poor education and literacy levels; and a lack of information or support for MFWs as well as health care providers, who experience particular challenges in following up and providing care to MFWs.

Gender issues

Women comprise only a small minority of MFW positions (about 3% of the SAWP and 7% of the Guatemalan program). However, they face uniquely gendered experiences. Exposure to chemicals and other hazards may affect women's menstrual cycles and reproductive systems. Many women, furthermore, are pressured to enter into sexual or romantic relationships,

while others may endure sexual harassment from both co-workers and employers. Women face both the risks of sexually transmitted infections as well as unwanted pregnancies. It is particularly challenging for women to negotiate health services (especially around sensitive issues such as sexual and reproductive health), with their primarily male employers and supervisors acting as intermediaries. Finally, most female MFWs are lone mothers, who leave their children without a parent at home. In part due to anxiety around these and other issues, many women experience heightened mental and emotional strain.¹⁶

Research and Policy Implications

The health of migrants affects MFWs and their societies as well as the Canadian communities in which they live and work. Changes in several policy areas could address the underlying SDOH challenges facing this vulnerable population, in which gender and ethnic differences should be taken into account. These include: working conditions, contracts and legal rights; occupational health and safety training and inspections; housing conditions and inspections; transportation options; social, legal and language support; and health care, education and insurance. To better understand what policy changes are needed and how they can best be applied, further policy-oriented research in the Canadian context on SDOH and health outcomes among MFWs is warranted. ■



Please note: Full references are available in the HTML version of this issue of the Bulletin: <http://www.healthcanada.gc.ca/hpr-bulletin>

*In spite of the National Minimum Standards for Agricultural Housing established by Human Resources and Skills Development Canada, the research reviewed found conditions to be highly variable.